FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3235-0076							
Expires: November 30, 2001							
Estimated average burden							
hours per response.	16.00						

	SEC	USE	ONLY	
Prefix				Serial
			_	
	DATE	REC	EIVED	
		ĺ		

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Carlyle Realty Qualified Partners IV, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE IVED
A. BASIC IDENTIFICATION DATA	AN 27 2005
1. Enter the information requested about the issuer	12 (6)
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Carlyle Realty Qualified Partners IV, L.P. (the "Partnership")	
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o The Carlyle Group, 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington D.C. 20004	Telephone Number (Including Area Code) ((202) 729-5626
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business The investment objective of the Partnership is to achieve significant capital ap investment objectives, current cash yields from investments in real estate and real estate related assets.	preciation and, where consistent with its other
Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed	PROCESSE
Actual or Estimated Date of Incorporation or Organization: Month Year	Estimated SJAN 3 1 2005

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	TIFICATION DATA							
2. Enter the informa	on requested for the follo	wing:		=======================================						
	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the										
	issuer;									
• Each	 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 									
• Each	Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or										
Char Box(cs) that App	y. Z Flomotei	Belieficial Owlier		Director	Managing Partner					
Full Name (Last name first, if individual)										
The Carlyle Group										
Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington D.C. 20004										
Check Box(es) that App	Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name:	rst, if individual)									
Carlyle Realty IV, L.I	(the "General Partner of	of the Partnership" or "CR I	V")							
Business or Residence	ddress (Number and Stree	et, City, State, Zip Code)								
		nue, N.W., Suite 220 South, \	Washington D.C. 20004							
Check Box(es) that App	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or					
	y romoter	Beneficial Owner	Excusive Officer	Director	Managing Partner					
Full Name (Last name :	<i>'</i>	rtner of CR IV" or "CR IV (5P")							
	ddress (Number and Stree									
	•	nue, N.W., Suite 220 South, V	Washington D.C. 20004							
Check Box(es) that App	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner*					
Full Name (Last name:		R IV GP" or "TC Group")								
	ddress (Number and Street									
	·	nue, N.W., Suite 220 South, V	Washington D.C. 20004							
Check Box(es) that Ap	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner*					
Full Name (Last name	rst, if individual)									
TCG Holdings, LLC	he "Managing Member	of TC Group" or "TCG Hole	dings, LLC")		·					
	ddress (Number and Stre									
c/o The Carlyle Group	1001 Pennsylvania Ave	nue, N.W., Suite 220 South,	Washington D.C. 20004							
Check Box(es) that Ap	ly: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**					
Full Name (Last name Conway, William E. (rst, if individual) f TCG Holdings, LLC)									
	ddress (Number and Stre	et, City, State, Zip Code)								
	•	nue, N.W., Suite 220 South,	Washington D.C. 20004							
Check Box(es) that Ap	ly: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**					
Full Name (Last name D'Aniello, Daniel A. (rst, if individual) f TCG Holdings, LLC)			**						
Business or Residence	ddress (Number and Stre		W. N							
c/o The Carlyle Grou	, 1001 Pennsylvania Ave	nue, N.W., Suite 220 South,	wasnington D.C. 20004							
* Managing Member ** Managing Director										

		A. BASIC IDENT	IFICATION DATA								
2. Enter the information r	equested for the followi	ng:									
Each promo	• Each promoter of the issuer, if the issuer has been organized within the past five years;										
 Each benef issuer; 	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
Each execu	• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each generation	Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner**											
Full Name (Last name first, i Rubenstein, David M. (of T											
Business or Residence Addre c/o The Carlyle Group, 100			ashington D.C. 20004								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·							
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	if individual)			1							
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)									
* Managing Member ** Managing Director											

														
					B. IN	FORMAT	ION ABOU	TOFFERI	NG				YES	NO
1. I	las the issue	r sold. or a	loes the issu	er intend to	sell, to non-	accredited i	nvestors in t	his offering	2				T ES	NO
		·		Answer als	so in Appen	dix, Column	2, if filing u	nder ULOE	•				LJ	
						-	dual?	•••••••	·······	•••••			\$ 5,000	,000*
•	*The Gener	al Partne	reserves tl	ne right to	accept lowe	r amounts.								310
2 -	S. 4 60			1									YES	NO []
 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or 										\boxtimes	لـا			
-7 . 1	similar remu	neration for	or solicitatio	n of purcha	son who ha	s deen or w nection with	sales of sec	urities in the	e offering.	If a person	to be listed:	is an		
â	ssociated pe	erson or ag	gent of a bro	oker or deal	ler registere	d with the S	EC and/or v	with a state	or states, li	st the name	e of the broke	er or		
	dealer. If me for that broke			ns to be list	ted are asso	ciated person	ns of such a	broker or d	ealer, you r	nay set for	th the informa	ation		
	ime (Last na							<u>_</u>						
NA														
Busine	ss or Reside	nce Addre	ss (Number	and Street,	City, State,	Zip Code)								
Name	of Associate	d Broker o	r Dealer							;				
States i	n Which Per	ron Listad	Hoc Colinit	od on Intoni	la ta Caliait	Dumahasama								
States 1						ruichaseis					П			
[AT]	•		or check ir			[CT]						States		
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Last nai	me first, if	individual)			_								
Bus	iness or Resi	idence Ado	iress (Numb	er and Stree	et, City, Stat	e, Zip Code)			•				
Nan	ne of Associ	ated Broke	r or Dealer											
State	s in Which P	Person Liet	ad Has Solid	sited or Inte	nde to Solio	it Durchasen								
					nus to sone	it i dichasci.	3					Canan		
[AL]	"All States" [AK]	or cneck ii	ndividual St	(CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[] All : [HI]	States [ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[CO] [LA]	[ME]	[DL] [MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (Last na	ıme first, it	f individual)		•									
Ru	siness or Res	sidence Ad	Idress (Num	her and Stre	et City Sta	te Zin Code	e)							
	J VI 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, o.,, o.	, шр оос	-,							
Na	me of Assoc	iated Brok	er or Dealer				*							
State	s in Which I	Person List	ed Has Solid	cited or Inte	nds to Solic	it Purchaser	s							
(Chec	k "All State	s" or check	c individual	States)	· • • • • • • • • • • • • • • • • • • •			····			🔲 A	Il State	s	
[AL]	[AK]	[AZ]		[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] {WY}	[PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	_	gregate		Amount
			ring Price	¢.	Already Sold
	Debt Equity	<u>\$</u>	-0-	<u>\$</u>	-0-
	Common Preferred		-0-	Ф.	
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	\$ 60	00,000,000	\$	20,000,000
	Other (Specify)	\$	- 0-	\$	-0-
	Total	\$ 60	00,000,000	\$	20,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero."	N	umber vestors	•	Aggregate Dollar Amount of Purchases
	Accredited Investors		5	\$	20,000,000
	Non-accredited investors.		-0-	\$	-0-
	Total (for filings under Rule 504 only)		NA	\$	NA
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering	Т	Type of ecurity	•	Dollar Amount
	Rule 505		NA	\$	NA NA
	Regulation A		NA NA	\$	NA NA
	Rule 504		NA NA	\$ \$	NA NA
	Total		NA	.	NA .
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🖂	\$	-0-
	Printing and Engraving Costs		🛛	\$	-0-
				_	
	Legal Fees		🖂	\$	375,000
	Legal Fees		<u> </u>	\$ \$	-0-
	-		🛛	_	
	Accounting Fees.		🖂	\$	-0-
	Accounting Fees.		🛛	\$	-0-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	FPR	OCE	EDS		
6	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and tota expense furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$ 599,527,9	15
p tl	indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the he estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set for esponse to Part C - Question 4.b above.	left of				
			D	ayments to Officers irectors & Affiliates	Pa	ayments to Others
Sa	alaries and fees	\boxtimes	\$	0-	<u></u>	-0-
Pı	urchase of real estate	\boxtimes	\$	-0-	⊠ s	-0-
P	urchase, rental or leasing and installation of machinery and equipment		\$	-0-		-0-
	onstruction or leasing of plant buildings and facilities			-0-	⊠ s	-0-
	equisition of other businesses (including the value of securities involved in this	_		-		
	ffering that may be used in exchange for the assets or securities of another suer pursuant to a merger)	\boxtimes	ç	-0-	⊠ s	-0-
	epayment of indebtedness	_		-0-		-0-
	Vorking capital			-0-	<u></u> 	-0-
	ther (specify) Portfolio Investments		\$	-0-		9,527,915
-			\$	-0-	⊠ s	-0-
C	olumn Totals		s	-0-	<u></u>	9,527,915
-	otal Payments Listed (column totals added)	-		⊠ s	599,527,9	
	D. FEDERAL SIGNATURE					
issue	er has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if filed un	nder R	ule 5	05, the follo	wing signature	constitutes

The iss an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 302.

Issuer (Print or Type)

Carlyle Realty Partners IV, L.P.

Name (Print or Type)

Title of Signer (Print or Type)

Signature

01/25/05

Daniel A. D'Aniello

The Managing Director of TCG Holdings, LLC

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

SEC 1972 (2-99)